|   | ARIZONA STATE B<br>BUREAU OF VI | TAL STATISTICS                               | State File No  |
|---|---------------------------------|--|--|
| 1. PLACE OF BIRTII  | STANDARD CERTI                  | FICATE OF BIRTH                              | , ,  |
| County Yula   |                                 | State Clay                                   |  |
| - ·   |                                 | or Village                                   |  |
| District or Township  | No. Yela                        | Country Hos                                  | Ward   |
| City  | (If birth occu                  | irred in a hospital or matitution,           | we its NAME instead of street and number)  If child is not yet named, make |
| 2. Full name of child Down  | Edward suit                     | e  | supplemental report, as directed.  |
| 3. Sex of Child To be answered Of   | 1LY 4. Twin, triplet or other   | lus l  | 7. Date of birth Pune 29 1930 South Day Year                               |
| Male births.  8. FATHE Full name Otto Jacob   |                                 | 14.<br>Full maiden name Ma                   | MOTHER<br>my Jane Bowler   |
| 9. Residence (Usual place of abode)   | ofe.                            | 15 Residence<br>(Usual place of abode)       | Ylote,   |
| If non-resident, give place and state   | usy                             | If non-resident, give p                      | piace and state.   |
| 10. Color or race   | O                               | White  | 17. Age at last birthday 31 (Years)  |
| 11. Age at last birthday 3/ (Years)  12. Birthplace (city or place)   |                                 | 18. Birthplace (city or pla                  | annascaul  |
| (State or country)  | Ris                             | (State or country)                           | Dreland  |
|   | χ                               | 19. Occupation                               | -  |
| 13. Occupation Nature of industry   | O .                             | Nature of industry                           | Housewife  |
| Mature of industry  |                                 | <u>                                     </u> | 21. Were precautions taken against oph-                                    |
| 20. Number of children of this mother   | (a) Born alive                  | and now living                               | thaimis neonatorum?  |
| my and time of birth of child her   |                                 | DUI HOW GEAG                                 | yes  |
| certified and including this child.)  | COMMISSION OF ATTENDIN          | G PHYSICIAN OR MIDWI                         | FE*  |
| I hereby certify that I attended the b  | rth of this child, who was Q    | (Born alive or stillborg.)                   | at 4:05 Q. m. on the date above stated                                     |
|   |                                 | Wasu   | m  |
| *When there was no attending phy or midwife, then the father, househ etc., should make this return. A stichlid is one that neither breather | not .                           | Physica                                      | au.  |
| shows other evidence of the atter   | <b></b> )                       | B-1/31                                       | (Physician or midwide).  |
| Given name added from a supplemental report Month,  | lsy, year Address               | 1 2 4 6 0 4 Lf                               | 2 15 0 0 200   |
|   | Filed                           | 7/9 1930 0                                   | , E. le eghter Registrar   |
| n · R   | egistrar /                      |  | / <i>I</i> :   |